



**TOWN OF HILTON HEAD ISLAND
REVENUE AND COLLECTIONS DIVISION**
One Town Center Court, Hilton Head Island, SC 29928
Phone (843) 341-4677 Fax (843) 341-4637
You can pay online at: www.hiltonheadislandsc.gov

Pin Code: _____

Local Accommodations Tax/Beach Preservation Fee Payment Form

ATTENTION
NAME
MAILING ADDRESS

ACCOUNT #:
PHYSICAL ADDRESS

PHONE NUMBER: _____

Important: A tax payment form must be filled out and submitted each quarter. If there were no rentals for a particular quarter you must still submit a form, entering \$0.00 in the Gross proceeds field. Additional forms can be obtained through www.hiltonheadislandsc.gov.

FILING STATUS: Circle one ► Monthly / Qtrly

PAYMENT FOR PERIOD MONTH _____ QUARTER: 1st, 2nd, 3rd, 4th YR: _____

IS THE BUSINESS SOLD? If yes, please complete the following information:

Date Sold: _____

NEW OWNER NAME _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

LOCAL ACCOMMODATIONS TAX

▼ FOR OFFICE USE ONLY ▼

1. Gross Proceeds: Transient Accommodations

Report in Whole Dollars

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2. Local Tax

Line 1 x 3%* (.03) ►

* Accommodations (1%) + Beach Preservation (2%)

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3. **Penalties are calculated as follows: 5% of the unpaid amount...for each month or portion thereof after the due date until paid. Additionally, delinquent businesses may be subject to a \$1092.50 municipal summons.**

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4. Total Accommodations Tax/Beach Preservation Fee Due (Add Lines 2 and 3)

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Postmark	_____
CK#	_____
Receipt#	_____
Accommodations Tax	_____
Penalty	_____
Amt Received	_____
Adjustment	_____
Bal Due	_____
Refund Due	_____
Source:	B or C



IMPORTANT ► Enclose payment with report. Please do not staple

This return becomes DELINQUENT if it is postmarked after the 20th day following the end of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief

Name: _____ Signature: _____

***Make additional copies as needed.**